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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HFD12-0058	A. BUILDING _____ B. WING _____	10/16/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
M T S	1222 QUINCY ST, NE WASHINGTON, DC 20017

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I 000	INITIAL COMMENTS A licensure survey was conducted from October 15, 2007 thru October 16, 2007. A random sample of two residents was selected from a resident population of three females with various disabilities. The findings of the survey were based on observations, interviews with staff in the home, as well as a review of client and administrative records, including incident reports.	I 000		
I 043	3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterly by a dietitian. This Statute is not met as evidenced by: Based on interview and record review, the Group Home for persons with Mental Retardation (GHMRP) failed to ensure that one of four residents with modified diets had been reviewed at least quarterly by the consulting dietitian. (Resident #2) The finding includes: Resident #2's January 2007 physician's orders indicated that she was prescribed a regular low cholesterol,low sodium diet. Review of Resident #2's records revealed that a nutritionist reviewed her diet plan on November 28, 2006, June 8, 2007, (seven months later) and October 10, 2007. At the time of the survey, the facility failed to show evidence that a dietitian or nutritionist had reviewed Resident #2's modified diet plan at least quarterly.	I 043	3502.2 © The QMRP will review the records monthly so as to track the review requirements for each clinical service for each person supported. The QMRP will proactively notify each discipline routinely of their review responsibilities for each person supported...12-20-07. The QMRP will report failures to complete such reviews to the residential director who will in turn notify the specific discipline of their deadline to complete the task. Failure to do so at that point will result in follow up action by MTS (withholding checks, termination of agreement, etc.)...12-30-07. The nutritionist will be notified by the residential director that she must track and complete her review cycles for each person she supports in a timely manner on a routine basis...12-10-07. 3502.2 will be attached to amplify the point.	
I 090	3504.1 HOUSEKEEPING	I 090		

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Health Regulation Administration

Director of Residential Services 12-6-07
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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I 090	Continued From page 1 The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and staff interview, the GHMRP failed to maintain the facility in a safe,clean,orderly and sanitary manner. The findings include: During an environmental inspection on October 16, 2007, the following concerns were identified: Living Room: 1. The sofa and love seat appeared to be dirty and stained. Additionally, the pillows belonging to the living room furniture, were observed to be soiled also. 2. The living room walls were soiled. The Basement: 1. Peeling paint was observed on the frame of the door leading to the basement. 2. The stairwell leading from the basement's third step from the bottom was cracked under the base of the step exposing the wood. The Bedroom: 1. A patched hole was observed on Resident #4's bedroom wall.	I 090	3504.1 Living Room 1. The love seat and sofa will be cleaned by...12-15-07. 2. The living room walls will be washed down by...12-15-07. The Basement 1. Resident #1's patched wall will be sanded own and repainted by...12-30-07. 2. Resident #4's bedroom door will receive the second coat of paint it needs by...12-20-07. 3. Resident #3's closet door knob will be tightened by...12-6-07. Bathroom 1. The protruding wall nail will be removed by...12-6-07. The facility manager will audit the physical environment of the home on a weekly basis and report all maintenance concerns to the residential director for follow up...12-15-07. Quincy is a high maintenance home and MTS' long term goal is to relocate the individuals served there to better locations and homes or apartments in better condition...3-31-07.	

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I 090	Continued From page 2 2. Resident #4's bedroom door was discolored. Interview with the Qualified Mental Retardation (QMRP) indicated that a coat of paint was needed as the previous coat of paint showed through the door. 3. The closet's door knob of Resident #3 was observed to be loose. Bathroom; A nail was protruding from the tile of the bathroom wall located on the second floor.	I 090		
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on staff interview, and record review, the GHMRP failed to evidence of a podiatry consult to included diagnosis and evaluations for one of the two residents in the sample. (Resident #2) The finding includes: Review of Resident #2's medical record on October 16, 2007 at 11:49 AM, revealed a nursing note dated August 14, 2007. The note revealed that the resident had a blister on her right foot. Further review of the record revealed that an appointment was scheduled for the resident to be seen by her Podiatrist. A nursing note dated September 26, 2007 revealed that	I 401	3520.3 Nursing will follow up with podiatry to obtain the documentation needed of the follow up done for resident #2...12-15-07.	

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I 401	Continued From page 3 another appointment was made for podiatry for September 11, 2007. An interview was conducted with the GHMRP's nurse on October 16, 2007. According to the nurse the condition of the resident's foot worsened and she was sent back to the podiatrist to be evaluated. On September 11, 2007 a nursing note indicated that the resident was seen by the podiatrist on the aforementioned date. The nursing note indicated that Keflex 500 mg was prescribed and to soak the resident's foot in Epsom Salt. At the time of the survey, there was no documented evidence of a podiatry consult to determine the resident's diagnosis and/or the necessity for the prescribed medication.	I 401	Resident #2 is receiving the prescribed treatments and her foot is improved...12-5-07.	
I 402	3520.4 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include an annual health inventory of each resident. This Statute is not met as evidenced by: Based on staff interview and record review the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure the provision of an annual health inventory as required by this section. The finding includes: Record review on October 16, 2007 at approximately 3:00 PM revealed that Resident #2's Primary Care Physician (PCP) conducted an annual health inventory on October 13, 2006. Record verification with the GHMRP nurse revealed that the resident's annual health	I 402	3520.4 The health inventory for resident #2 has been updated at this point...12-5-07. The QMRP attempted to obtain the inventory before the expiration date of the old inventory but was unsuccessful. MTS QMRPs do not develop ISPs for individuals served in CRF environments. That is common in our system and as a result, providers have less control in insuring that assessments are completed in a timely manner. The QMRP will track the expiration dates of all required assessments for each person supported and will notify the relevant disciplines in proactive manner when assessments are coming due...12-30-07. The DDS case manager will also be notified when assessments are not obtained in a timely manner. The QMRP will document efforts to obtain such information in the QMRP notes.....12 30 -07.	

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I 402	Continued From page 4 inventory had expired and that the resident had an appointment scheduled for October 22, 2007. At the time of the survey, the GHMRP failed to ensure that Resident #2's health inventory had been updated and current.	I 402		
I 437	3521.7(g) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (g) Communication (including language development and usage, signing, use of the telephone, letter writing, and availability and utilization of communications media, such as books, newspapers, magazines, radio, television, telephone, and such specialized equipment as may be required); This Statute is not met as evidenced by: Based on observations, interview, and record review, the GHMRP failed to ensure that one of two residents in the sample received training in learning her address and/or telephone number to the extent of their capability. (Resident #2) The finding includes: The facility failed to ensure that a program was developed to train Resident #2 to recite/learn her address and/or telephone number as evidenced below: Interview with Qualified Mental Retardation Professional (QMRP) and record review on October 16, 2007 at 10:50 AM revealed that Resident #2 had program objectives to identify coins, putting lotion on herself and saying	I 437	3521.7 (g). The QMRP will develop a program to teach resident #2 to recite her address and telephone number. This program will be implemented by...12-20-07.	

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I 437	Continued From page 5 "excuse me" when interrupting others. Further review of the record revealed that the resident had a psychological assessment dated December 9, 2006. According to the assessment the client was able to identify her name, however, she could not state her address or telephone number. At the time of the survey there was no documented evidence that the GHMRP addressed the need for the resident to resite/learn her address and/or telephone number.	I 437		
I 438	3521.7(h) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (h) Interpersonal and social skills (including sharing, courtesy, cooperation, responsibility and age-appropriate and culturally normative social behaviors and relationships involving peers of the same and different sex, younger and older persons and person in authority); This Statute is not met as evidenced by: Based on observation, interview and record review the GHMRP failed to ensure training for social and adaptive behaviors were measurable for one of the two residents in the sample. Resident #1 The finding includes: Observation of the medication pass on October 15, 2007 beginning at 9:40 AM revealed Resident #1 was administered Trifluoperazine 2mg.	I 438		

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I 438	Continued From page 6 Interview with the GHMRP's nurse revealed that the medication was prescribed for behavior. Interview with Qualified Mental Retardation Professional (QMRP) and review of the record on October 16, 2007 revealed that Resident #1 had a Behavior Support Plan (BSP) dated February 10, 2007. Further review of the BSP revealed that the resident had the following target behaviors; screaming; hitting-threatening to hit; running around home; refusal of personal hygiene, taking food inappropriately; anger, talking to herself; resisting socialization angrily, and staying up very late at night when asked to go to sleep. According to the BSP Resident #1's objective was "target behaviors will decrease to zero for nine consecutive months. At the time of the survey the GHMRP failed to provide evidence of training to address each of the aforementioned targeted behaviors.	I 438	3521.7 (h) The BSP itself outlines the strategies staff is to employ to prevent episodes of the target behaviors and to abate them when they occur...12-5-07. The psychologist will review the BSP based on 3521.7 (h) to determine if it needs to be modified to give staff more specific instructions about the strategies and/or to add strategies. The program review will occur by...12-28-07. In modifications are deemed necessary, they will be completed by...1-05-08. Staff will be trained on implementing the new strategies (if any) by...1-15-08.	
I 478	3522.6(d) MEDICATIONS The record for a resident ' s prescribed controlled substances shall include the following: (d) Date dispensed, amount and expiration date; and... This Statute is not met as evidenced by: Based on interview and record review, the facility failed to maintain all controlled drugs records with the date of dispensed. The finding includes: Observation of the medication pass was conducted on October 15, 2007 beginning at 9:40 AM. The facility's Medication Administation Record (MAR) was reviewed on October 15,	I 478	3522.6 (d) The RN will review this issue with the medication nurse to insure that she documents such medication administration on the MARs consistently...12-20-07. The RN will review the MARs at minimum bimonthly to insure that all medication passes are properly documented on a consistent basis...12-20-07.	

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I 478	Continued From page 7 2007 at 11:07 AM. Review of the "Controlled Medication Record" revealed that Resident #3 was administered Tylenol #3, several days for a swollen jaw. Further reveiw of the "Controlled Medication Record" revealed that there was no documented evidence of the month that the Tylenol #3 was administered to the resident. There was no evidence that the facility maintained all controlled drugs records with the date dispensed and amount.	I 478		